MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/009085

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND	DEP.
1	/						51						
2			/				52						
3			/				53						
4			/				54						
5			/				55						
6							56						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
							TOTAL CLAIMS						

"MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS"   U.S. DEPARTMENT OF COMMERCE